Complete Summary

GUIDELINE TITLE

2002 national guideline on the management of Phthirus pubis infestation.

BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of phthirus pubis infestation. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [4 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Phthirus pubis (crab lice) infestation

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Infectious Diseases
Obstetrics and Gynecology
Urology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present a national guideline on the management of Phthirus pubis infestation

TARGET POPULATION

Patients in the United Kingdom with Phthirus pubis (crab lice) infestation

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment/Diagnosis

1. Assessment of clinical features
2. Microscopic examination of lice

Management/Treatment

1. General advice and patient education
2. Full screening for other sexually transmitted infections
3. Malathion 0.5%
4. Permethrin 1% cream rinse
5. Phenothrin 0.2%
6. Carbaryl 0.5 and 1%
7. Removal of lice with forceps or application of Vaseline as alternative treatments
8. Examination and treatment of current sexual partner as well as contact tracing
9. Follow-up

Note: 1% lindane shampoo was considered but not recommended. It has been discontinued in the United Kingdom because of concerns about toxicity and lack of efficacy.

MAJOR OUTCOMES CONSIDERED

Rates of response to treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Medline (U.S. National Library of Medicine) was searched for the years 1966-1997 using the keywords "pediculosis/th", "pediculosis/dt", "pediculosis pubis",

"malathion/tu", "lindane/tu", "permethrin/tu", "phenothrin/tu" [th = therapy; dt = drug therapy; tu = therapeutic use].

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence:

Ia

- Evidence obtained from meta-analysis of randomised controlled trials

Ib

- Evidence obtained from at least one randomised controlled trial

IIa

- Evidence obtained from at least one well designed controlled study without randomisation

IIb

- Evidence obtained from at least one other type of well designed quasi-experimental study

III

- Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV

- Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The revision process commenced with authors being invited to modify and update their 1999 guidelines. These revised versions were posted on the website for a 3 month period and comments invited. The Clinical Effectiveness Group and the authors concerned considered all suggestions and agreed on any modifications to be made.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations:

A (Evidence Levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The initial versions of the guidelines were sent for review to the following:

- Clinical Effectiveness Group (CEG) members
- Chairs of UK Regional GU Medicine Audit Committees who had responded to an invitation to comment on them
- Chair of the Genitourinary Nurses Association (GUNA)
- President of the Society of Health Advisers in Sexually Transmitted Diseases (SHASTD)
- Clinical Effectiveness Committee of the Faculty of Family Planning and Reproductive Health Care (FFP).

Comments were relayed to the authors and attempts made to reach a consensus on points of contention with ultimate editorial control resting with the Clinical Effectiveness Group. Finally, all the guidelines were ratified by the councils of the two parent societies.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I-IV) and grades of recommendation (A-C) are repeated at the end of the "Major Recommendations" field.

Diagnosis

- This is based on finding adult lice and/or eggs.
- Examination under light microscopy can confirm the exact morphology if necessary.

Management

General advice

- Patients should be advised to avoid close body contact until they and their partner(s) have completed treatment and follow-up.
- Patients should be given a detailed explanation of their condition, and clear and accurate written information on applying the treatment.

Further investigation

A full screen for other sexually transmitted infections should be undertaken, although few data are available to determine the likelihood of additional diagnoses (Hart, 1992; Fisher & Morton, 1970).

Treatment

A number of treatments are available (Brown, Becker & Brady, 1995).

Head lice develop resistance to pediculicides, and local rotation of treatments to combat this may restrict availability of treatments for pubic lice.

Lotions are likely to be more effective than shampoos, and should be applied to all body hair including the beard and moustache if necessary.

A second application after 3-7 days may be advisable.

Recommended regimens

- Malathion 0.5%. Apply to dry hair and wash out after at least 2, and preferably, 12 hours, that is, overnight (level of evidence IV, grade of recommendation C).
- Permethrin 1% cream rinse. Apply to damp hair and wash out after 10 minutes (II, B).
- Phenothrin 0.2%. Apply to dry hair and wash out 2 hours later (IV, C).
- Carbaryl 0.5 and 1%. Apply to dry hair and wash out 12 hours later (IV, C).

Infestation of eyelashes can be treated with permethrin 1% lotion, keeping the eyes closed during the 10-minute application (IV, C).

Removal of lice with forceps or application of Vaseline are alternative treatments (IV, C).

Allergy

Treatments to which there is known hypersensitivity should be avoided.

Pregnancy and breast feeding

Permethrin is safe during pregnancy or breast-feeding.

Sexual partners

- Current sexual partners should also be examined and treated.
- Contact tracing of partners from the previous 3 months should be undertaken.

Follow-up

- Patients should be re-examined for the absence of lice after 1 week.
- Treatment failures should be given an alternative from the above list.
- It should be explained to patients that dead nits may remain adherent to hairs.
- This does not imply treatment failure, and the nits can be removed with a comb specifically designed for that purpose.

Definitions

The following rating scheme was used for major management recommendations.

Levels of Evidence

Ia

- Evidence obtained from meta-analysis of randomised controlled trials

Ib

- Evidence obtained from at least one randomised controlled trial

IIa

- Evidence obtained from at least one well designed controlled study without randomisation

IIb

- Evidence obtained from at least one other type of well designed quasi-experimental study

III

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Grading of recommendations

A (Evidence levels Ia, Ib)

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B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is graded and identified for select recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Effective management of Phthirus pubis infestation
- Decreased treatment failure rates

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

One randomised controlled trial for the treatment of pediculosis pubis was found. This study showed similar efficacy of 1% lindane shampoo and 1% permethrin cream rinse, although poorer response rates than when these agents are used for the treatment of head lice. However, lindane has now been discontinued in the United Kingdom because of concerns about toxicity and lack of efficacy.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The Clinical Effectiveness Group reminds the reader that guidelines in themselves are of no use unless they are implemented systematically. The following auditable outcome measures are provided:

- Association with other sexually transmitted infections
- Treatment failure rate

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of phthirus pubis infestation. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [4 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Aug (revised 2002)

GUIDELINE DEVELOPER(S)

British Association of Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Gordon Scott

Clinical Effectiveness Group (CEG) Members: Keith Radcliffe (Chairman); Imtyaz Ahmed-Jushuf; Jan Welch; Mark FitzGerald; Janet Wilson

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

GUIDELINE STATUS

This is the current release of the guideline. This guideline updates a previously released version.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Available in HTML format from the Association for Genitourinary Medicine (AGUM) Web site. Also available in Portable Document Format (PDF) from the Medical Society for the Study of Venereal Diseases (MSSVD) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- UK national guidelines on sexually transmitted infections and closely related conditions. Introduction. Sex Transm Infect 1999 Aug;75(Suppl 1):S2-3.

Electronic copies: Available in Portable Document Format (PDF) from the Medical Society for the Study of Venereal Diseases (MSSVD) Web site.

The following is also available:

- Revised UK national guidelines on sexually transmitted infections and closely related conditions 2002. Sex Transm Infect 2002;78:81-2

Print copies: For further information, please contact the journal publisher, BMJ Publishing Group.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002.

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Date Modified: 11/8/2004